

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005139

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

336

Primary Registration District No.

Registrar's No.

FILED FEB 15 1962

## 1. PLACE OF DEATH

a. COUNTY

Shannon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Home

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Shannon

c. CITY  
OR  
TOWN

Winona, Rural

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS (If outside, give location)

Rural Route 1

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

John

Middle

Thomas

Last

Brown

4. DATE  
OF  
DEATH

Month

February

Day

3

Year

1962

5. SEX

M.

6. COLOR OR RACE

W.

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/20/12

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Railroad worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Walnut Ridge, Ark.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas Brown

13b. MOTHER'S MAIDEN NAME

Betty Brown

14. NAME OF HUSBAND OR WIFE

Marylee Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

Yes

(If yes, give war or dates of service)

No War

16. SOCIAL SECURITY NO.

17. INFORMANT

Marylee Brown Rt. 1 Winona, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

NATURAL CAUSES, PROBABLE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CORONARY THROMBOSIS

DUE TO (c) Coroner of Shannon Co Frank W Jones

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

(Notified)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank W Jones Coroner

22b. ADDRESS

Emmence

22c. DATE SIGNED

MO

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/7/1962

23c. NAME OF CEMETERY OR CREMATORY

Int. Zion Cemetery

23d. LOCATION (City, town, or county)

Winona, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Duncan Funeral Home Mtn. View, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Hillard W. M. D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 20 1962

FEB 15 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles D. Cartman

Licensed Embalmer No. 5107

P. O. Address 27th, University

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.